| ,   |   |   |              |                              |              |                  |      | Application or Docket Number |                        |                               |                     |                        |  |
|---|---|---|--------------|------------------------------|--------------|------------------|------|------------------------------|------------------------|-------------------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  10 743283     |   |   |              |                              |              |                  |      |                              |                        |                               |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |                              |              |                  |      | SMALL ENTITY TYPE            |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
| TOTAL CLAIMS  |   |   |              |                              |              |                  | R/   | TE                           | FEE                    |                               | RATE                | FEE                    |  |
| FOR   |   |   | NUMBER FILED |                              | NUMBER EXTRA |                  | BASI | BASIC FEE 370.00             |                        | OR                            | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=    |                              | •            |                  | XS   | X\$ 9=                       |                        | OR                            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 =    |                              |              |                  | X    | X42=                         |                        | OR                            | X84=                |                        |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM P                              | RESENT       |                              |              | +140=            |      | -<br>40≃                     |                        | OR                            | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |              |                              |              |                  |      | TOTAL                        |                        | OR                            | TOTAL               |                        |  |
| RCE CLAIMS AS AMENDED - PART II 7-8-05 (Column 1) (Column 2) (Column 3)               |   |   |              |                              |              |                  | SM   | SMALL ENTITY                 |                        |                               | OTHER THAN          |                        |  |
| AMENDMENT A   | X 0.3   | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGHES NUMBE PREVIOU PAID FO |              | PRESENT<br>EXTRA | Г    | TE                           | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | 8.  | Minus        | <b>~</b> 2                   | 0_           | -\               | X\$  | 9=                           |                        | OR                            | X\$18=              |                        |  |
|   | Independent   |   |              | 3                            |              | X42=             |      |                              | OR                     | X84=                          |                     |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                              |              |                  | +14  | 40=                          |                        | OR                            | +280=               |                        |  |
| ·   |   |   |              |                              |              |                  | ADDI | OTAL                         |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |  |
|   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |              |                              |              |                  |      |                              |                        |                               |                     |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RA   | TE                           | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | . 8                                       | Minus        | • 0                          | 20           | = /              | XS   | 9=                           |                        | OR                            | X\$18=              |                        |  |
|   | Independent   | • 3                                       | Minus        | ENDEN                        | 2<br>FEXAIM  |                  | X    | 2=                           |                        | OR                            | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CAIM   |   |   |              |                              |              |                  |      | 40=                          |                        | OR                            | +280=               |                        |  |
| TOTAL ADDIT. FEE  |   |   |              |                              |              |                  |      |                              |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |  |
| 7   | 11010   | (Column 1)                                | -            | (Colu                        |              | (Column 3)       |      |                              |                        |                               |                     |                        |  |
| AMENOMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           |              |                              | BER<br>OUSLY | PRESENT<br>EXTRA | P/A  | TE                           | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI/<br>TIONAL<br>PEE |  |
|   | Total ·   | · 10                                      | Minus        | ·Ó                           | 0            | -0               | XS   | 9=                           |                        | OR                            | X\$18=              |                        |  |
|   | Independent   |   |              |                              | X4           | 2=               |      | ОЯ                           | X84=                   |                               |                     |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                              |              |                  |      | <b>10</b> ≃                  |                        | OR                            | +290=               |                        |  |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |                              |              |                  |      |                              |                        |                               |                     |                        |  |
|   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOH AD |   |              |                              |              |                  |      |                              |                        |                               |                     |                        |  |

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